

EXHIBIT E - TRANSFERRED WORKERS' COMPENSATION CLAIMS

CREDITOR'S NAME AND ADDRESS*	CLAIM NUMBER	ASSERTED CLAIM AMOUNT**	DATE FILED	DOCKETED DEBTOR
DAVID L VINTON	17100	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	07/01/2009	DELPHI CORPORATION (05-44481)
DORIS FRAZIER	18463	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	07/13/2009	DELPHI CORPORATION (05-44481)
THOMAS ROY RILEY	16870	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	06/26/2009	DELPHI CORPORATION (05-44481)
Total:		3	UNL	

* The addresses of the creditors on this exhibit have been intentionally omitted for privacy reasons.

** "UNL" denotes an unliquidated claim.